

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-039772

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5526 STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1

2 3190

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4 0

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12 62-2

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILE PLACE OF DEATH 24 1963

a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KANSAS CITY

Length of stay in 1b
58 YRS.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION N. E. OSTEOPATHIC HOSP.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON

c. CITY OR TOWN KANSAS CITY

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
707 SPRUCE

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)
First Middle Last
ARTHUR SAMUEL BASHAM

4. DATE OF DEATH
Month Day Year
OCTOBER 12, 1963

5. SEX MALE

6. COLOR OR RACE WHITE

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
4-4-1884

9. AGE (last birthday)
77 79

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY
LOCAL # 61

11. BIRTHPLACE (City and state or country)
JACKSON CO., MO.

12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME
JAMES S. BASHAM

13b. MOTHER'S MAIDEN NAME
JULIA STEELE

14. NAME OF HUSBAND OR WIFE
LAURA E. BASHAM

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
CLAYTON O. BASHAM 11029 E. 53 TERR.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Chronic myocarditis

INTERVAL BETWEEN ONSET AND DEATH

12 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic heart disease

24 YRS ?

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Senility

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10/1/63 to 10/12/63 and last saw him alive on 10/12/63
Death occurred at 10 10 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
M. W. Huffman MD

22b. ADDRESS
5020 St John Kansas City Mo

22c. DATE SIGNED
10-14-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

23b. DATE
10-15-1963

23c. NAME OF CEMETERY OR CREMATORY
MT. MORIAH CEMETERY

23d. LOCATION (City, town, or county)
KANSAS CITY, MISSOURI

24. FUNERAL DIRECTOR
ADDRESS
C. H. BLACKMAN & SON INC. K. C., MO.

25. DATE RECD. BY LOCAL REG.
10-14-63

26. REGISTRAR'S SIGNATURE
Bessie Smith

USE BLACK INK
OR
TYPEWRITER RIBBON

075000-0713

P1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Hugh Baine

Licensed Embalmer No. 4888

P. O. Address Kc 24, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.